

Printed Name

## **City of Cincinnati Income Tax Division**

## TELEFILE/WEBFILE AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

TAXPAYER INFORMATION	
TAXPAYER ACCOUNT NAME:	
CINCINNATI ACCOUNT NUMBER:	
SOCIAL SECURITY OR FEDERAL IDENTIFICATION NUMBER:	
CONTACT INFORMATION	
PRIMARY CONTACT PERSON:	TITLE:
ADDRESS:	TELEPHONE NUMBER: ( )
CITY:	STATE: ZIP CODE:
FINANCIAL INFORMATION	
BANK NAME:	BANK PHONE NUMBER: ( )
TYPE OF BANK ACCOUNT (Please specify): SAVING	S CHECKING
BANK ACCOUNT NUMBER:	
ROUTING TRANSIT NUMBER:	
AUTHORIZATION STATEMENT	
I authorize the City of Cincinnati Finance Department to initiate ACH Debit entries to the financial institution account indicated above for payment of withholding taxes owed to the Cincinnati Income Tax Bureau upon request by the Taxpayer or his/her representative. This authorization is to remain in effect until the City of Cincinnati Finance Department has received written notification from the Taxpayer.	
I hereby authorize the contact person listed on this form and the financial institutions involved in processing my payments to receive confidential information necessary to effect electronic payment of withholding taxes, answer inquiries, and resolve issues related to enrollment and payments. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force until the City of Cincinnati Finance Department has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.	
	Date
Taxpayer Signature	